

MD

Prop 94-97

Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER AGUA CALIENTE BAND OF CAHUILLA INDIANS		Date of This Filing 01/21/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (760) 325-3400	I.D. NUMBER (if applicable) 496:28	Report No. 01212008	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 21 2008 DEBRA BOWEN Secretary of State	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		R
CITY PALM SPRINGS, CA	STATE CA	ZIP CODE 92262	No. of Pages 1	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I D NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/20/2008	COALITION TO PROTECT CALIFORNIA'S BUDGET & ECONOMY, YES ON 94, 95, 06, 97, SPONSORED BY A GROUP OF INDIAN GAMING TRIBES (#1300585)  SACRAMENTO, CA 95814 ESTIMATE	PROPOSITIONS 94, 95, 96, 97  STATEWIDE	21,471.84	02/05/2008

Reason for Amendment: \_\_\_\_\_

(MON) 1.21' 08 17:08/ST. 17:08/NO. 4863512495 P 1

FROM

M.D

Prop 5 94-97

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### Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Sycuan Band of the Kumeyaay Nation			Date of This Filing <u>01/21/2008</u>	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California <i>R</i> JAN 21 2008 <b>DEBRA BOWEN</b> Secretary of State 1/2
AREA CODE/PHONE NUMBER <u>(619) 445-2613</u>	I.D. NUMBER (if applicable) <u>494211</u>		Report No. <u>LCM-80120</u>	
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY <u>El Cajon</u>	STATE <u>CA</u>	ZIP CODE <u>92019</u>	No. of Pages <u>2</u>	

**RECEIVED AND FILED**  
 in the office of the Secretary of State of the State of California  
 JAN 21 2008  
**DEBRA BOWEN**  
 Secretary of State  
 497

### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

**Late Contribution Report**

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**RECEIVED AND FILED** STATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Sycuan Band of the Kumeyaay Nation		<b>Date of This Filing</b> _____	In the office of the Secretary of State of the State of California  <b>DEBRA BOWEN</b> Secretary of State  2 / 2	<b>CALIFORNIA FORM 497</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 494211	<b>Report No.</b> _____		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		

**Late Contribution(s) Made**

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/20/2008 	Coalition to Protect California's Budget & Economy  Sacramento CA 95814 ID: 1300585	*NON-MONETARY CONTRIBUTION: BILLBOARDS  Statewide Ballot: Dist:	31637.00	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_